

The Subject as the Object of Toxicomania: An Approach from the Psychoanalytic Clinic

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Abstract

Since the end of the 20th century, the phenomenon of drug addiction has been rising so intensely that it is becoming a social phenomenon. From the psychoanalytic point of view, it seems to be similar to what happened with hysteria at the end of the 19th century. How drug addiction are understood from the psychoanalytic clinic? This paper tries to answer this question by taking into account some case reports in order to carry out a conceptual analysis of the drug in relation to the symptom, this as a response to the cultural discontent, with reference to the sexual and traumatic, and in its corresponding function according to the psychic structure. It finally presents some orientations to the cure in drug addiction, in which free association and abstinence of the analyst are preserved.

Keywords: *Psychoanalysis; Drug Addiction; Symptom; Clinic Structures; Sexuality*

Introduction

When Freud discovered psychoanalysis at the end of the 19th century, women in Victorian Europe experienced a very particular suffering that the medical knowledge of the time cataloged as hysteria. Such was the number of women and also men, that today we could even say that hysteria could well be conceived as a social phenomenon of that historical moment.

Today, thanks to the Freudian discovery, we understand that the symptoms of hysteria are expressions of suffering that the subject fails to bring to speak. The hysterical symptom then becomes the substitute for that which for some reason is not said by the subject. Finally, a gagged word, as Lacan would say.

At this time, since the end of the 20th century, western society has been suffering with increasing intensity from a clinical problem that is already taking on nuances of a social phenomenon. I mean drug addiction. The increase in treatment programs for both the public service and private centers in various countries account for a problem that is no longer isolated and that even seems to constitute the structural symptom of a consumer society.

I cannot help comparing the contemporary phenomenon of drug addiction with hysteria as a social phenomenon in Victorian Europe. Risking a hypothesis that could well be wrong, one can interpret the social position of European women in the late nineteenth and early twentieth centuries in reference to hysteria. If discomfort in hysteria is a word that the subject cannot enunciate, it is not necessary to force the analysis much to understand that the position of women at that time was precisely that of silence. They had no voice or vote in political affairs. At home they were relegated to the decisions made by men, mainly their fathers or husbands. And the symbolic place to which they could aspire in society was a second place in reference to a man, that is, being the woman of one man or the mother of several.

If psychoanalysis contributed anything to the social change of then, it was precisely in granting hysterical women the status of power over their own voice. He recognized them as speaking subjects with the right to speak.

But if nowadays drug addiction is imposed on us as the symptom of contemporary times, can we understand this problem in the same way as hysteria? Is drug addiction an unspoken word that could also account for the particular position of many subjects in the consumer society?

Clinical vignettes

I would like to start addressing these questions from the clinical experience of three cases. The first is a 30-year-old girl that we will call Macarena. Consultation for a dependent consumption of codeine and alcohol. The last time he had consumption of these substances, he ingested various psychiatric, anxiolytic and sleeping pills mainly because “he wanted to sleep for several days”. She is then referred by the medical service for addiction and suicide attempt.

During a couple of sessions she talks about her work, her friends and her ex-partner. At the third session, he suddenly says: “When I was 16, my parents had an abortion”. Then he tells me that at that time he started taking alcohol and codeine with his boyfriend, from whom he later separated.

For a month we meet twice a week and she talks about her past, about the child she lost, about the losses in her life, about her parents, about the fear she has of losing her father, of the loss of her ex-boyfriend and the desire to be fired from her job without losing anything.

In the months that followed, she quit her job, went out with new friends, and, which was even more difficult for her, began to separate from her father to start managing her own life. By the time the analysis is complete, Macarena completes 5 months without consuming alcohol or codeine.

The second case is that of a 40-year-old man named Roberto, who has an addiction to cocaine and base paste. He says he feels depressed, with low self-esteem and does not know why he cannot rehabilitate himself.

In the first session I ask him if anything happened to him in his life that he considers to be related to his addiction. He quickly answers no. Then she says that 3 years ago her addiction to cocaine worsened and she started consuming base paste. I ask him what happened that year and he responds: “My mother died, I separated from my wife and they cheated me in a business... but nothing I can say that traumatized me”.

In the following sessions I ask him to tell me about his separation, and then he talks about it, how he felt rejected and abandoned, how he felt unloved and the fear he now has of starting a new relationship and making mistakes. He says that with his ex-wife he behaved like a superman and that when he failed he felt punished for her. Since then he has been using drugs to punish himself for not being able to be the man he should be.

As Roberto speaks, he abandons drug use and achieves abstinence for the first time. He recovers physically and emotionally, he no longer feels low in his self-esteem, he is no longer depressed, he jogs in the mornings, he returned to work and regained the support of his father and brother.

The third case I want to show is that of a 20-year-old girl named María Libertad. She is brought in by her parents, who are very concerned about her cocaine addiction. Maria attends therapy “to meet” with her parents. He says he started consuming at age 17 with his friends, who likes “the reel” but who wants to quit drugs to be “a good woman”.

As María speaks, she begins to discover that she feels divided, like “on a scale” in which on one side are the outings with her friends, her freedom and drugs, and on the other side is her family, her parents and her children. Sometimes she feels “bad woman” and wants to be the “good woman” that her parents expect. When she feels trapped at home, she runs away and uses cocaine.

After two months of treatment, María Libertad began to rebel against her parents. She realizes that when she feels better, they begin to involve her in their relationship problems. He then begins to antagonize them, to make different decisions from those they impose on him and begins to project a life independent of them. As she talks about this, session after session, Maria gradually loses interest in cocaine, it no longer gives her the same pleasure.

Drug addiction as a symptom

Fabián Naparstek [1] in his text of introduction to the clinic with drug addictions and alcoholism, takes up again the study on the history of drugs by Antonio Eschotada [2] and highlights that although drug consumption has ancestral origins in the history of humanity, the withdrawal syndrome, which is considered the clinical picture that allows drug use to be diagnosed as addiction or dependency, was discovered for the first time only until the 19th century, after the American secession war of 1860 - 1865 and after the Franco-Prussian war of 1860 - 1870.

Around the same time, in the mid-nineteenth century, the opium wars were taking place in China, in which drug abuse was used as a strategy by Europeans to facilitate trade with the Chinese.

During these wars morphine was widely used to relieve pain for the wounded on the battlefield. Says Eschotada ([2]: 44): “it was the first experiment of massive use for the drug, which turned silent campuses into field hospitals formerly populated by howls and cries”. It is in this hospital context that not only the withdrawal syndrome appears for the first time, but the very phenomenon of drug addiction with a very specific function: to silence the subject’s pain.

The experience of the psychoanalytic clinic seems to confirm this. When the subject is given the word in analytical listening, no neurotic talks about his addiction. They talk, like Macarena, about their “losses”, or like Roberto about their “separations” and their “failures”, or like María Libertad about their division between “good” and “bad woman”. Words like drugs, cocaine, alcohol or paste do not emerge as signifiers that refer to others in the subject’s symbolic chain. Nor do other more colloquial ways of calling the drug emerge as links in the significant chain, such as falopa, mono or pompadour.

It seems then that drug addiction has no significant structure. Its characteristic appears to be precisely a radical absence of symbolic support in the subject. In this sense, drug addiction does not respond to therapy like any neurotic symptom or any formation of the unconscious. Neither addiction, nor the act of consumption, nor even withdrawal syndrome is referred to by neurotic analysts as a symbol that can be interpreted. In short, drug use in them does not operate as a signifier.

If we take into account the historical antecedent provided by Eschotada, as well as what has been found so far in clinical practice, the function of drug addiction would not be to make symptoms of the subject’s discomfort, but on the contrary, to silence its pain and its suffering.

Now, what other pain could it be if not that which leaves its mark on the structure of the subject? I mean of course, the pain of castration. But does this mean that a kind of silencing of castration operates in drug addiction?

In the three cases previously exposed, the development of drug addiction can be discovered at a time when the subject is confronted with a situation that was traumatic because he relives an experience of fundamental loss. For example, Macarena develops addiction in adolescence, after losing her son in a forced abortion by his parents; Roberto does it in middle age, in the period when his mother dies,

he is swindled at his job and his marriage falls apart and ends with the separation; and finally María Libertad, who becomes addicted to drugs at the end of her adolescence, when she must face adult life independently of her parents.

If a kind of defensive rejection against castration works in drug addiction, what operation is this: denial, denial, foreclosure?

Sylvie Le Poulichet [3] calls the narcotic operation on the psyche a toxic cancellation of pain, which would replace the repression. He points out: "In other words, when the "hole" or the constitutive lack of the subject's relationship with its objects is revealed, pain can be presented as an immediate response that engenders a narcissistic withdrawal". This response is opposed to that organized by repression through the assembly of the phantasm, which maintains an erotic relationship with objects" (p. 65). This narcissistic pain would be the reaction to loss when loss cannot be symbolized and, in the face of this failure of symbolization, toxic cancellation would come to operate as a substitute defense against neurotic repression.

For his part, Fabián Naparstek [1] refers to this defensive mechanism as a rejection of the Other. For him, the act of drug use is an attempt to catch something of the real without any symbolic support. In this sense, it distinguishes drug use by indigenous peoples, which have a complete cosmological basis from their religious customs and beliefs, from drug use in Western society, since the latter is not sustained by parental function. Drug addiction would then be a kind of passage to the act that leaves the subject outside the field of the Other.

In any case, it seems to be a cancellation or a rejection of castration that prevents the paternal function as an operation of inscription of the loss in the symbolic register and, therefore, silence of the subject and his discomfort, that is, silence of the symptom.

This means that, unlike the hysteria that metaphors the castration pain, thus producing a symptom that can be interpreted in relation to the subject's chain of signifiers; drug addiction would become a kind of compulsion to cancel or reject the pain of castration, which blocks symbolic function and leaves the subject in a kind of limit position with respect to the field of the Other.

This allows us to differentiate the hysterical symptom of drug addiction. While in hysteria it is an unsaid that, despite this, does not cease to express itself through the metaphor in the body, in drug addiction there is a radical silencing of the subject favored by the action of chemical substances on the real of the body.

Drug addiction as a response to culture discomfort

Now, can we extend this analysis to drug use as a social phenomenon? Are we living in an era in which the process of discomfort in culture is preferably achieved through the alternative of cancellation through drug use?

Certainly we must be careful when approaching the analysis of social phenomena from the psychoanalytic experience, however, we must not forget that the subjects we listen to are linked to the Other and that a large part of the subjective discomfort is configured in the relationship of the subject with the symbolic order that precedes us.

At this point, I can't help but wonder about the imperative demand for happiness that advertising commands us. In our current consumer society, advertising overflows our experiential field with a promise of absolute happiness that we can only achieve if we go beyond all limits. In commercials, it is no longer strange to hear explicit messages in this regard, such as: exceed your limits, go beyond all limits, go to where there are no borders. As Mario Elkin Ramírez [4] says, "in this circuit there is no bar of impossibility, there is a recycling of enjoyment without loss, everything is possible" (p. 6).

Freud [5] in *The discomfort in culture*, conceives the use of drugs as a way to calm the many pains, disappointments and insoluble tasks of life, by altering the chemistry of the body. He even says that it is perhaps the most effective method, since it not only offers an immediate gain in pleasure, but also "a quota of independence, ardently desired, with respect to the outside world" (p. 78).

There would be for Freud three forms of consolation against the malaise of life: powerful distractions like science, substitute satisfactions like art, and intoxicating drugs that make the subject insensitive to pain. Of course, there is also religion, which would be an illusory way to find comfort in the hope of a better life after death.

Is drug addiction a way to cope with the discomfort of the time as it would be religion, art or science? To paraphrase Goethe's poem quoted by Freud, could we say that those who have no science, no art, no religion, then find comfort in gaining chronic intoxication? Could it be that drug addiction is a kind of art or individual religion?

Freud draws attention to the oceanic feeling of religion, that strange feeling of eternity, of absence of limits, or of being one with the Whole. This feeling appears to resemble infatuation, where the boundaries between the self and the object seem to "vanish" ([5]: p. 67).

In a way, castration is the operation by which language introduces the object, thus generating the founding split of the subject. The oceanic feeling of the religious, as well as the infatuation in lovers, gives the illusion of the fading of this division between the self and the object.

Freud considers that the oceanic feeling or of being tied to the Whole are those corresponding to primary narcissism, which he calls primary egoic feeling. In other words, the oceanic feeling would correspond to the state prior to the fundamental loss that divides the subject and enables the emergence of an object of desire.

Thus, it gives the impression that Freud gives drug use a status of personal religion, or at least as a calming or remedy for cultural unrest that would allow the subject to return in an illusory way to a state prior to castration, a return to primary narcissism.

However, Freud does not define discomfort in the culture in relation to castration but in the sense of guilt. What the subject would defend himself with an illusory attempt to return to primary narcissism through the use of drugs, would not be so much castration as the feeling of guilt generated by the emergence of the instinct.

Freud recalls that culture is based on the renunciation of the instinct, a denial of instinctual satisfaction that makes community life possible. And it is that for him, the ultimate objective of culture is not happiness but the integration of all individuals in the human community, for which it is necessary to renounce the drive enjoyment and also accept to separate from the family through initiation rites.

That drug addiction can be conceived as a remedy for guilt is still indicative of something important, since Freud [6] places guilt at the very origin of culture with the murder of the father of the primitive horde. The feeling of guilt arises, on the one hand, in humanity when primitive man murders the father in order to seize women, and on the other hand, emerges in the subject as a consequence of his childhood desires to eliminate the father to remain one with Mother.

So, will drug addiction be determined by the oedipal complex? Is it a remedy that updates the Oedipal conflict by resolving it, even if it is illusory, in favor of incest with the mother? Is it a kind of personal myth in which the father is murdered to consummate incest with the mother?

This toxic cancellation of which Le Poulichet speaks is certainly appreciated, as well as the rejection of the Other mentioned by Naparstek, a kind of refusal to interdiction of incest or counter-prohibition of parental function. But what about the incestuous desires to be one with the mother?

Drug addiction and sexuality

Sylvie Le Poulichet [3] recalls that for Freud sexuality operates as a poison. In the beginning of psychoanalysis Freud thought that neuroses had their origin in a traumatic sexual experience. The memory of this experience was repressed, thus becoming a pathogen or

a foreign body that caused the neurotic symptoms. Later, he understood that it was childhood sexual fantasies that operated as psychic trauma, explaining that many of these fantasies were attempts by the subject to defend themselves against the memory of childhood masturbation [7].

Le Poulichet [3] says “Freud affirms that sexual need is due to the action of chemical substances, similar to that of narcotic drugs. And in 1898, in particular, he advised, for the treatment of neurasthenia, an “unusualness” of masturbatory habits. In different texts, Freud identified sexuality with intoxication. And, in parallel, it affirms that an intoxication can only be generated when, through the absorption of the toxic substance, a sexual need is satisfied” (p. 101).

For Le Poulichet drug addiction becomes a kind of supplementary phantom for the sexual real, a provisional phantasmatic montage to approach sexuality as a toxic body.

Now, does this fantastic experience of incestuous return with the mother actually take place in drug use? Is it certainly comparable to child masturbation and its incestuous fantasy? Or is it perhaps another type of sexual enjoyment?

Naparstek [1] points out that since the castration was installed, weaning has been sanctioned as loss of the phallus, but retroactively. He comments that “from the castration all loss sanctioned backwards is lived as castration” (p. 56). In this sense, fantasy is important because an object comes into play, even if it is fantasized. A complement relation is established in it with a missing object.

So then, the return to primary narcissism, as an illusory attempt to return to a state prior to castration, could also be considered as a phantasmatic recovery strategy of the lost mother-object? However, what Freud pointed out in *The Discomfort in Culture* was that rather it was not a matter of recovering the object lost in castration, but of erasing the limits that separate the subject from the object, in the manner of a denial of castration. Ultimately, it would be an effort by the subject to eliminate the sexual difference installed by the phallic order.

Indeed, Naparstek [1] quoting Jacques-Alain Miller, says that “the enjoyment of drug addiction is the one that breaks with the phallic (...), an insubordination to sexual service” (p. 56). It is a not wanting to know anything about sexuality. Does this mean that in drug addiction there is a silencing or desensitization of the sexual that is traumatic and painful?

The toxic as a substitute for the absence of sexual intercourse

For professor Eric Moreau [8] in addictions there is an inhibition of the object relationship that induces a regression of the self to primary narcissism and that accounts for the desexualization of desire and drives, which from then on will remain at the service of the death drive. Then there is an anesthesia of phallic enjoyment and consequently a narcosis of desire. This avoids the repetition of castration and the reminiscence of the division of the subject.

Following Moreau, the addictive psychic operation would function as a remedy for trauma and castration anxiety generated by unbearable suffering. It is a live trauma not repressed. That early, infantile, primary trauma that corresponds to the structural moment of loss, in which the child ceases to be the mother’s incestuous phallus.

In this way, addiction to drugs and alcohol would become a narcissistic defense in which the subject delusionally tries to erase the division installed by castration, by mounting a supplementary ghost in which the object is imaginary not recovered. lost mother, but the missing object par excellence: the phallus of the mother.

The subject then does not recover the object lost in castration, but rather recovers himself as the phallus object of the mother. It would be an illusory erasure of the limits of castration, achieved thanks to the sacrifice that the subject makes of himself to offer himself as a lost object of the primordial Other.

Sexuality is thus toxic for the subject, since it reveals not only the impossibility of the sexual relationship and the imaginary complement of the sexes, but also reveals the unbearable reality of sexual difference and the constant separation of bodies that will never return. to be one with the mother.

Neurosis: The toxic as a real reinforcement of the repression?

To try to go one step further in this approach to understanding the drug addiction phenomenon, it is necessary to reinterpret it now from the clinical structures. Does the poison operate in the same way in a neurotic subject, as in a psychotic or a perverse one?

If repression is by definition the defensive function of neurosis, what happens to it in drug addiction? How does the toxic supply the repression?

On the other hand, according to Freudian conceptualization, is not repression a kind of passage outside the consciousness that the subject does with what is traumatic?

Certainly, clinical experience shows that consumption and addiction in subjects is not linked to the same experience. Most of the people who come to analysis for drug or alcohol use report that the addiction appears long after starting regular use.

In this sense, it is essential to distinguish substance use in two stages. A first moment in which the subject begins the consumption of drugs and/or alcohol, what in Freudian terms we could call the first consumption or the original consumption. And a second moment in which a particular consumption becomes compulsive, that is to say, in which the subject loses control over the act of consumption, cannot stop doing it and it is the substance that takes dominion over the will of the person.

During the first time, the consumption of the substance represents something. It is to spend time with friends, to have fun, to become uninhibited, in short, substance use is carried out essentially in the social bond. There we find the typical use of alcohol within what could be called as a facilitator of socialization and very especially of the encounter with the other sex. Alcohol and drugs fulfill the function here of facilitating the bond with the other in the ritual of socialization.

Then, in a second time, consumption becomes addictive for the subject. This occurs most of the time due to the advent of a traumatic experience, such as the death of a loved one, the separation of the couple, an abortion, sexual abuse or abandonment. Something that is important to highlight is that it is an event in which the bond with another is broken. On this occasion, the subject uses the substance to forget, to erase the damage, not to continue suffering. We could even say that he uses the substance to suppress his pain.

But why does this loss of an other also seem to lead to the rupture of the subject with the great Other? How is it that a particular traumatic experience can lead the subject to break the bond with the symbolic?

In popular culture the use of alcohol to drown sorrows is well known and in the psychoanalytic clinic it is not uncommon to hear people say that drug use allows them to erase themselves, not to think and forget everything. Thus, it seems that neurotic subjects use the toxic as a strategy to erase traumatic pain.

It should not be forgotten that drugs have a real effect on the chemistry of the body. It is not for nothing that people report a greater dependence on some substances and not others. Among the apparently more addictive substances, heroin, cocaine, crack, coca base paste and alcohol stand out. Therefore, perhaps it is then a use of the real of the substance that the subject takes advantage of to reinforce the repression. If the repression by itself is not enough, the poison could provide a moment of real effacement, albeit always fleeting and temporary, of the traumatic memory.

But is this effect of the real of the substance on the organism sufficient to explain the subject's rupture with the symbolic order? Is this break a kind of foreclosure that leaves the neurotic subject psychoticized?

In the clinic we can corroborate that the neurotic does not lose its structure despite the addictive use of drugs or alcohol. By allowing it to emerge and speak, the subject increasingly uses the word and less of the toxic.

In the course of an analysis, the subject reveals the characteristics of the traumatic loss not of any object, but that of a fundamental other, a primordial other. That other with whom you experience a loss whose pain is so intolerable, is of course not just anyone. You are not a distant relative or an anonymous co-worker. For the neurotic subject it is that person around whom he has organized his own place in the social. The wife who makes him a husband, the son who defines him as a father or mother, the mother who took care of him as a son. It seems to be about that person who just embodied the ordering function of his subjectivity, the symbolic support function, in other words, the one who represented the great Other for the subject. The traumatic is thus constituted in the experience of rupture with the one who embodied the signifier of the great Other for the subject.

Now, in the reconstruction of the trauma, it is about that father or mother who dies, or a father who abandons his son, or that other who renounces his function and sexually abuses his daughter, or the son who by dying leaves the subject as the father of a void, as a non-father; or even the loss of that wife-mother who ordered and gave meaning to family life. Always the one whose function gave the subject a place in the social bond.

In Seminar IV, Lacan [9] points out that when the symbolic agent falls, it then becomes a real power: "Until then, it existed in structuring as an agent, different from the real object that is the object of the child's satisfaction. When it stops responding, when it somehow responds to its discretion, it becomes real, that is, it becomes a power" (p. 70).

The above seems to be reflected in the transition from the first to the second time of consumption. In the latter, the toxic responds not to the subject's desire but to his own discretion, becoming a real power that hijacks the subject's desire. Could it be that drug addiction as a clinical phenomenon accounts for the fall of the great symbolic Other?

If this is so, following Lacan we would then have to notice the overturn according to which the symbolic agent becomes real and the object becomes symbolic. "The object is worth as a testimony of the gift from the maternal power. The object has from that moment two orders of properties of satisfaction, it is twice the possible object of satisfaction - as before, it satisfies a need, but also symbolizes a favorable power" ([9]: p. 71).

Is the toxic, then, the object that in addiction comes to symbolize the fall of the great primordial Other? Does substance fulfill this double function of satisfying a need and at the same time representing a favorable power?

However, it must be remembered that drug addiction does not have a significant structure. Its characteristic appears to be precisely a radical absence of symbolic support in the subject. Only after a period of time, in which the analysis has advanced enough to symbolize the traumatic loss that is associated with the onset of addiction, only then does the toxic appear, in some subjects, as significant. Thus, signifiers such as drink, drink, lose or abandon, emerge, which account for the subject's position in the oedipal drama: to be a drink difficult to swallow, a lost son of lost parents, an abandoned. Ultimately, a subject fixed in the confirmation of not being the imaginary phallus for the great Other.

Psychosis: The toxic as a *sinthome*?

Does drug addiction operate in the same way in psychosis? Does this lead us to the same theoretical questions and reflections?

Carolina Zaffore [10] recalls that the interpretation of a neurotic symptom supposes the oedipal structure, which is not verified in psychosis. And in this sense, in cases of addiction in psychotic subjects, the rupture with the great Other is not verified, but its opposite. Apparently, psychotics would use drugs as a way to bond with the Other and avoid breaking with it.

In this case, only the first period of consumption observed in neurotics would operate, that is, the use of the poison as a facilitator of the bond with the other in the social order. This given that in the psychotic subject the rupture is given beforehand and the drug would rather try to restore the link with the symbolic.

In this regard, Freud [11] in his text on the loss of reality in neurosis and psychosis, points out two steps in the structuring of the latter. In the first step the rupture between the subject and the reality occurs, while in the second the subject tries to reestablish this link through the creation of a new reality.

Is it then in psychoses a use of the toxic in the manner of a delusion that tries to repair the relationship of the subject with reality?

In this sense, Sylvie Le Poulichet [3] explains that in psychosis drug addiction operates as a narcissistic substitute that accounts for the surrender of the symbolic instance, of the foreclosure of the Name of the Father. Drug addiction, as a substitute, would come to “lend the body to certain psychotic subjects” (p. 125), that is, it could give the fragmented body some consistency or produce a new body where the image of a unified body has not been Elaborated.

Likewise, Mario Elkin Ramírez [4] agrees that “drugs can become psychosis in a form of substitute, by resorting to the identity of a self: ‘I am a drug addict’” (p. 7). It would not be, as in neurosis, an effort to cover the structure and silence the symptom, but in psychosis it would consist of an attempt to cover the holes where the great uncastrated Other invades.

Le Poulichet ([3]: p. 126) comments: “The clinic shows that certain drug addicts organize a quasi-autistic ‘withdrawal’, as to resist the invasion of a maternal-type flow, in the attempt to create a ‘border’ where some of the Body”.

So far, in both neurosis and psychosis, drug addiction involves a psychic operation in the subject’s relationship with a primordial Other. While in neurosis it seems to be about the fall of this great Other and the impossibility of the subject to sustain itself as a phallus-object for it, in psychosis there is an effort by the subject to remove himself from the enjoyment of that primordial uncastrated Other, to reestablish a possible body that can put into play in the symbolic exchange of the social bond [12].

Conclusion

We have only to ask ourselves how the cure is oriented in the subjects who come to tests for drug addiction. What are the clinical keys offered by the above theorizations?

The first conclusion to which the clinical experience and its theoretical reflection leads us is that from the point of view of psychoanalysis, addiction does not appear as a *sui generis* structure, independent and differentiated from the subjective structures already known. It is not a fourth clinical structure that, in the transference, brings into play a phantom different from that of neurosis, psychosis or perversion.

In this sense, drug addiction, most of the time, is presented by the subjects as an identification that comes from the social discourse: “I come because I am a drug addict”. In other words, it is seen more as an imaginary feature than as a structural phenomenon. However, this imaginary identification may well say a lot about the subjective structure in question.

A second conclusion is that one of the most indicative aspects for structural diagnosis is related to the particular use that the subject makes of the toxin. As we saw, the function of the poison in a neurotic subject suffering from addiction is not the same as in a psychotic one.

In this way, if a subject who speaks of the toxic is listened to as that which has allowed him to erase himself and silence his suffering, we could be before a neurotic who uses a certain substance to fill his lack and who imaginatively seeks to remain unscathed in the face of castration. The cost of this is to remain compulsively fixed in an enjoyment that prevents him from emerging as a desiring subject.

On the other hand, if we listen to a subject who shows a use of drugs as a strategy to avoid losing his bond with the symbolic order, fragile as it may seem, we might expect to find ourselves before a subject who is fighting against his own defragmentation or against the invasive enjoy a flawless Other. While the neurotic subject could tolerate the loss of the drug object through the re-registration of castration in speech, the psychotic subject runs the risk of losing the knot that keeps him linked to the social.

In both cases, the psychoanalytic clinic does not vary regarding its fundamental orientations. Listen to the subject and allow him to put into words that enjoyment that from the real is unbearable. Abstinence is certainly essential, but not so much that of the subject in relation to the drug, but rather the abstinence of the analyst in terms of conditioning or establishing in advance standard recommendations for their care.

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